

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006852</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>03/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE COLFAX</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>402 SOUTH HARRISON COLFAX, IL 61728</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S 000	Initial Comments	S 000			
	First Probationary Licensure Survey				
S9999	Final Observations	S9999			
	<p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.670k)1)2)3) 300.696a)c)6) 300.1210d)1) 300.1220a)1)2) 300.2210b)2) 300.3260c)</p> <p>300.670k) 1), 2), and 3) Disaster Preparedness</p> <p>Annually, each facility shall forward copies of all disaster policies and plans required under this Section to the local health authority and local emergency management agency having jurisdiction. Annually, each facility shall forward copies of its emergency water supply agreements, required under Section 300.2620d), to the local health authority and local emergency management agency having jurisdiction. Each facility shall provide a description of its emergency source of electrical power, including the services connected to the source, to the local health authority and local management agency having jurisdiction. The facility shall inform the local authority and local emergency management agency at any time that the emergency source of power or services connected to the source are changed.</p> <p>These requirements were not met as evidence by the following:</p>				

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**APERION CARE COLFAX**

**402 SOUTH HARRISON  
COLFAX, IL 61728**

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S9999	<p>Continued From page 1</p> <p>Based on record review and interview, the facility failed to provide copies of the facility's disaster plan, emergency water plan, and the source of emergency power to the local health authority and local emergency management agency. This failure has the potential to affect all 30 residents.</p> <p>Findings include:</p> <p>The facility's written disaster plan, water plan, and loss power plan were reviewed. No evidence was provided that the emergency disaster plan, emergency water plan and the emergency power plan were reviewed by the local authorities. E1, Administrator stated on 3-15-16 at 9:20 A.M. that E1 could not find evidence that the facility's disaster plan, emergency water plan and the source of emergency power was given to the local health authority and local emergency management agency.</p> <p>According to the facility's Resident Census report provided by E4, Business Office Manager on 3-15-16 at 11:50 A.M., 30 residents reside at the facility.</p> <p>(B) Section 300.696 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. c) Each facility shall adhere to the following</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340):</p> <p>6) Guideline for Isolation Precautions in Hospitals (Source: Added at 29 Ill. Reg. 12852, effective August 2, 2005)</p> <p>These requirements are not met as evidenced by the following:</p> <p>Based on observation, interview and record review the facility failed to disinfect multi-use blood glucose meters between use for two residents (R8, R9) on the supplemental sample to prevent the potential spread of infection. This failure affects two of two residents (R4, R2) reviewed with glucose monitoring, on the sample of five and nine residents (R7-R9, R12, R17-R21) on the supplemental sample.</p> <p>Findings include:</p> <p>1. On 3/14/16 at 10:55am E8, LPN (Licensed Practical Nurse) checked R8's blood glucose level using a blood glucose meter. When finished E8 cleaned the meter with a disposable bleach wipe, setting the meter down to dry. The meter was visible wet for one minute and 45 seconds. At 10:59am E8 stated, I don't know how long it takes (meter) to dry. It dries pretty quick."</p> <p>2. On 3/14/16 at 11:01am E8 checked R9's blood glucose level using a blood glucose meter. When finished E8 cleaned the meter with a disposable bleach wipe, setting the meter down to dry. At 11:03 am E8 stated the meter "is pretty much dry now, probably wet about a minute." On 3/15/16 at 1:25pm E8 stated she used one meter to check</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R8's blood glucose level, while the other meter was drying, then used the other meter to check R9's blood glucose level. E8 stated she then used, the blood glucose meters used to check R8 and R9's blood glucose levels, to check blood glucose levels on R17, R18, R19 and R20.</p> <p>The manufacturer's directions on the label of the bleach wipes, which contains Sodium hydrochloride as the active ingredient states, "meets...guidelines of the CDC (Centers for Disease Control)....</p> <p>Disinfection:...open...canister...remove pre-saturated ...wipe...Apply towelette and wipe desired surface to be disinfected. A 30 second contact time is required to kill HBV (Hepatitis B) and HCV (Hepatitis C). A 3 minute contact time is required to kill Clostridium difficile spores. A 5 minute contact time is required to kill HIV (Human Immunodeficient Virus) and other organisms (Methicillin Resistant Staphylococcus Aureus, Vancomycin Resistant Enterococcus, Staphylococcus aureus, Salmonella, Pseudomonas) listed on the label. Reapply as necessary to ensure that the surface remains wet for the entire contact time."</p> <p>On 3/15/15 at 11:35am E8, LPN stated she passes medication and does blood glucose monitoring on both halls in the facility.</p> <p>On 3/15/16 at 1:10pm E3 provided a list of residents (R7-9, R12, R17-R21) who receive blood glucose monitoring.</p> <p>The undated facility policy for Maintaining the Blood Glucose Meters states, ...To clean and disinfect the meter, use pre-moistened wipe/towel.....sodium hydrochloride solution....wipe meter....and allow to air dry for a</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>minimum of one..minute...."</p> <p>Centers for Disease Control (CDC) Guideline for Isolation Precautions in Hospitals specifies under section II. J. "Patient care equipment and instruments/devices...medical equipment and instruments/devices must be cleaned and maintained according to the manufacturer's instructions to prevent patient to patient transmission of infectious agents..."</p> <p>(B)</p> <p>300.1210. d) 1)</p> <p>Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>This requirement in not met as evidenced by the following:</p> <p>Based on observation, interview and record review the facility failed to properly administer the correct dose of insulin for one resident (R7) on the supplemental sample.</p> <p>Findings include:</p> <p>On 3/14/16 at 11:40am E7, RN (Registered Nurse) stated that R7's blood glucose level was 273 and R7 would receive 12 units of insulin. E7 attached a new needle to the Novolog Flex Pen and turned the dose selector to 12 units. E7 then administered 12 units of insulin to R7. E7 did not prime the needle with 2 units of insulin to remove any air in the cartridge of the flex pen and to</p>	S9999		



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S9999	<p>Continued From page 5</p> <p>ensure the proper dose of insulin.</p> <p>The Physician's Order dated 8/31/15 documents Novolog Flex Pen, 12 units of insulin to be given for a blood glucose level between 251-300.</p> <p>On 3/14/16 at 11:45am E7 stated, "if it was a new flex pen I would prime it with two units (insulin), but I'm not priming because this system (cartridge of insulin) is not new."</p> <p>The manufacturer's instructions for the use of the Novolog Flex Pen dated 3/9/13 documents, "Before each injection small amounts of air may collect in the cartridge during normal use. To avoid injecting air and to ensure proper dosing: Turn the dose selector to select 2 units..Hold your Novolog Flex Pen with the needle pointing up. Tap the cartridge gently with your finger a few times to make any air bubbles collect at the top of the cartridge....press the push-button all the way in....The dose selector returns to 0. A drop of insulin should appear at the needle tip.....Turn the dose selector to the number of units you need to inject....."</p> <p style="text-align: center;">(B)</p> <p>Section 300.1220a)1)2) Supervision of Nursing Services</p> <p>Each facility shall have a director of nursing services (DON) who shall be a registered nurse.</p> <p>This person shall have knowledge and training in nursing service administration and restorative/rehabilitative nursing. This person shall also have some knowledge and training in the care of the type of residents the facility cares for (e.g., geriatric or psychiatric residents).</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>This person shall be a full-time employee who is on duty a minimum of 36 hours, four days per week. At least 50 percent of the person's hours shall be regularly scheduled between 7 A.M. and 7 P.M.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to have a Registered Nurse serving as Director of Nursing. This has the potential to affect all 30 residents in the facility.</p> <p>Findings include:</p> <p>E1 (Administrator) stated on 3/14/15 at 8:30 am, that the facility presently has no DON (Director of Nursing). No DON was observed in the facility throughout the survey on 3/14 and 3/15/2016.</p> <p>According to an email dated 2/15/16, E2 (previous DON) self-terminated effective that day. The Facility Roster dated 3/14/16 lists no DON.</p> <p>On 3/15/16 at 10:20 am, E1 confirmed that the facility has been without a DON since 2/15/16, and the facility has no Acting DON.</p> <p>According to census information provided by E4 (Business Manager) on 3/15/16 at 11:50 am, 30 residents reside in the facility.</p> <p style="text-align: center;">(B)</p> <p>-----</p> <p>300.2210b)2) Maintenance Each facility shall maintain all electrical, signaling,</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems.</p> <p>This requirement was not met as evidenced by the following:</p> <p>Based on observation, record review and interview, the facility failed to ensure that one of six emergency exit doors opened easily, failed to ensure two of two open flame gas dryer heat exchangers were clean, and failed to ensure that grab bars for one of two toilets in two shower rooms were safe and secure. This failure has the potential to affect all 30 residents at the facility.</p> <p>The finding includes:</p> <ol style="list-style-type: none"> <li>1. On 3-14-16 at 1:20 P.M., the East resident wing emergency exit door would not open. E5, Dietary Aide and the surveyor had to force the door open. E5 stated the door was binding at the top. This door is a designated exit to the outside in case of fire or emergency.</li> <li>2. On 3-14-16 at 2:00 P.M., E5 opened the clothes dryer heat exchanger compartments. The two open flame dryers had accumulated dust and lint in the compartments creating a fire hazard.</li> <li>3. On 3-14-16 at 1:15 P.M., the grab bars for the east shower room toilet were not secure. The right bar was pulled out of the wall and the bolts that secured the grab bar to the floor were rusted off. The left grab bar also wobbled and was not securely fastened to the wall.</li> </ol> <p>According to the facility's Resident Census report</p>	S9999			



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S9999	<p>Continued From page 8</p> <p>provided by E4, Business Office Manager on 3-15-16 at 11:15 A.M., 30 residents reside at the facility.</p> <p style="text-align: center;">(B)</p> <p>-----</p> <p>300.3260c) Resident Funds The facility may accept funds from a resident for safekeeping and managing, if it receives written authorization from, in order of priority, the resident or the resident's guardian, if any, or the resident's representative, if any, or the resident's immediate family member any, such authorization shall be attested to by a witness who has no pecuniary interest in the facility or its operations and who is connected in any way to facility personal or the administrator in any manner whatsoever. (Section 2-201(2) of the Act)</p> <p>This requirement was not met as evidenced by the following:</p> <p>Based on record review and interview, the facility failed to execute Resident Trust Fund authorizations with the date of the authorizations for 29 of 29 residents reviewed for trust funds, and failed to obtain written authorization from the resident, or the resident's guardian or the resident's representative or the resident's immediate family member for 10 of 29 residents (R3, R4, R8, R11 through R17).</p> <p>The findings include:</p> <p>1. On 3-14-16 at 10:45 A.M., the Business Office Manager, E4 provided a "Trial Balance" report dated 3-14-16 of all the current residents having Resident Trust Fund accounts managed by the facility. The "Trial Balance" report listed 29 residents. Written Resident Trust Fund</p>	S9999			

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S9999	Continued From page 9  authorizations for all 29 residents were reviewed. The 29 authorizations were not dated and the date the authorization was executed was not documented.  2. Ten Resident Trust Fund written authorizations were signed by E4 in the resident signature section of the Resident Trust Fund management authorization. E4 stated on 3-14-16 at 10:45 A.M. that E4 was told that if the facility is the representative payee for the resident's check, E4 could sign the authorization. E4 signed the written authorizations on the line entitled "Signature of Resident/Guardian" for R3, R4, R8, and R11 through R17 on the Resident Trust Fund authorizations rather than the resident.  (B)	S9999		